

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/589405**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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27						
28			I			
29				I		
30				I		
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54			I			
55				I		
56				I		
57				I		
58			I			
59				I		
60				I		
61			I			
62				I		
63				I		
64				I		
65				I		
66				I		
67				I		
68				I		
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70				I		
71				I		
72				I		
73				I		
74			I			
75				I		
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77			I			
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83				I		
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86				I		
87				I		
88				I		
89				I		
90				I		
91				I		
92				I		
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94				I		
95				I		
96			I			
97				I		
98				I		
99			I			
100				I		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1		
102				1		
103				1		
104				1		
105				1		
106				1		
107				1		
108				1		
109				1		
110				1		
111				1		
112				1		
113				1		
114				1		
115				1		
116				1		
117				1		
118				1		
119				1		
120				1		
121				1		
122				1		
123				1		
124				1		
125				1		
126				1		
127				1		
128				1		
129				1		
130				1		
131				1		
132				1		
133				8		
134				28		
135				28		
136				12		
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150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						